

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Louisiana Values PAC

ADDRESS (number and street) PO Box 325 Check if different than previously reported. (ACC) Minden LA 71058

2. FEC IDENTIFICATION NUMBER C00466904 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Abby Varnadore

Signature of Treasurer Electronically Filed by Abby Varnadore Date 04 15 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Louisiana Values PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		6799.93
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	6799.93									
(c) Total Receipts (from Line 19) .....	12700.00	12700.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19499.93	19499.93								
7. Total Disbursements (from Line 31) .....	13353.43	13353.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6146.50	6146.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Louisiana Values PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5550.00	5550.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5550.00	5550.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5500.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11050.00	11050.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1650.00	1650.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12700.00	12700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12700.00	12700.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	11353.43	11353.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11353.43	11353.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13353.43	13353.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13353.43	13353.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11050.00	11050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11050.00	11050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11353.43	11353.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1650.00	1650.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9703.43	9703.43

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Helen Black		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 3406 Fox Run Circle		<b>Transaction ID:</b> SA11AI.4169
	City State Zip Code Haughton LA 71037	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
	Name of Employer Eldorado Resorts Casino Shreve	Occupation Director of Community Development	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Josephine Futrell		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address 10875 Belle Cour Way		<b>Transaction ID:</b> SA11AI.4167
	City State Zip Code Shreveport LA 71106	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00
	Name of Employer Ark-La-Tex Dermatology	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Aggregate Year-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Margaret Shehee		Date of Receipt MM / DD / YYYY 01 / 14 / 2010
	Mailing Address 7717 Creswell Road, NBR 25		<b>Transaction ID:</b> SA11AI.4153
	City State Zip Code Shreveport LA 71106	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer Kilpatrick Life Insurance Comp	Occupation Insurance Executive	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Virginia Shehee		Date of Receipt
	Mailing Address Post Office Box 88		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Shreveport	LA	71161
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4151
Name of Employer Kilpatrick Life Insurance Comp		Occupation Chair of the Board	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Katherine Smith		Date of Receipt
	Mailing Address 3540 Rue du Lac		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Shreveport	LA	71107
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4144
Name of Employer Self		Occupation Nurse	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve White		Date of Receipt
	Mailing Address 4830 Line Avenue #135		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Shreveport	LA	71106
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4155
Name of Employer info requested		Occupation info requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 2000.00	<input type="text"/> 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 5550.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 8 / 15</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

**A.**

Full Name (Last, First, Middle Initial) ARPAC		Date of Receipt
Mailing Address 401 9th Street NW Suite 610 South		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11C.4158
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

**B.**

Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 101 Constitution Ave. NW Suite 500 West		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20001
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11C.4196
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5500.00"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

A.

Full Name (Last, First, Middle Initial)  
Hilton Hotels

Mailing Address 1919 Connecticut Ave., NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 9 / 2 0 1 0

Transaction ID: SA15.4201

Amount of Each Receipt this Period  
1650.00

Refund for Overpayment for Lodging

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

A.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4145 Date of Disbursement
	Mailing Address 4255 Amon Carter Blvd. MD 2400	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
	Purpose of Disbursement Plane Ticket	<input type="text" value="562.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Airlines	Transaction ID: SB21B.4147 Date of Disbursement
	Mailing Address 4255 Amon Carter Blvd. MD 2400	<input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fort Worth State TX Zip Code 76155	Amount of Each Disbursement this Period
	Purpose of Disbursement Plane Ticket	<input type="text" value="719.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN CALVIN JR. C. FLEMING, Jr.	Transaction ID: SB21B.4187 Date of Disbursement
	Mailing Address P.O. Box 1236	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Minden State LA Zip Code 71058	Amount of Each Disbursement this Period
	Purpose of Disbursement Lodging Reimbursement	<input type="text" value="1025.39"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2307.99"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Hotels</p> <p>Mailing Address 1919 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4173</p> <p>Date of Disbursement 01 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1831.17</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Hotels</p> <p>Mailing Address 1919 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4175</p> <p>Date of Disbursement 01 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1555.66</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hilton Hotels</p> <p>Mailing Address 1919 Connecticut Ave., NW</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Event Room Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.4176</p> <p>Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2109.25</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5496.08

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

A.	Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: SB21B.4202 Date of Disbursement MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 1919 Connecticut Ave., NW	Amount of Each Disbursement this Period 1025.39
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Reimbursement for Lodgin	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Hilton Hotels	Transaction ID: SB21B.4200 Date of Disbursement MM / DD / YYYY 02 / 19 / 2010
	Mailing Address 1919 Connecticut Ave., NW	Amount of Each Disbursement this Period 33.95
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Lodging	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Martin's Wine & Spirits	Transaction ID: SB21B.4198 Date of Disbursement MM / DD / YYYY 02 / 07 / 2010
	Mailing Address 1919 Florida Ave NW	Amount of Each Disbursement this Period 554.43
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Event Catering	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>588.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

A.	Full Name (Last, First, Middle Initial) Sondra Mott	Transaction ID: SB21B.4193 Date of Disbursement 02 / 15 / 2010
	Mailing Address 1717 Conneticut Ave NW	Amount of Each Disbursement this Period 542.14
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Reimbursement for Meals Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sondra Mott	Transaction ID: SB21B.4195 Date of Disbursement 03 / 02 / 2010
	Mailing Address 1717 Conneticut Ave NW	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Fundraising Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Regions Bank	Transaction ID: SB21B.4166 Date of Disbursement 01 / 22 / 2010
	Mailing Address 401 Main Street	Amount of Each Disbursement this Period 400.00
	City Minden State LA Zip Code 70155	
	Purpose of Disbursement Cash for Event Fees and Tips Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2442.14
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

A.

Full Name (Last, First, Middle Initial)

Abby Varnadore

Transaction ID: SB21B.4191

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	0

Mailing Address 490 Sommersby Drive

City Minden State LA Zip Code 71555

Amount of Each Disbursement this Period

250.85
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Purpose of Disbursement  
Meals Reimbursement

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

250.85
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TOTAL This Period (last page this line number only) ..... ►

11085.44
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Louisiana Values PAC

A.

Full Name (Last, First, Middle Initial)  
CHESTER T KELLEY FOR CONGRESS

Transaction ID: SB23.4182

Date of Disbursement

Mailing Address 4022 GREENWOOD ROAD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	1	0

City SHREVEPORT State LA Zip Code 71109

Amount of Each Disbursement this Period

2000.00
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Purpose of Disbursement  
Debt Retirement

012
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

SUBTOTAL of Disbursements This Page (optional) ..... ►

2000.00
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TOTAL This Period (last page this line number only) ..... ►

2000.00
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